



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL

City of Hospital: Hartford City

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Haley Wright

Email Address: hwright3@iuhealth.org

Medicare Provider Number: 15-1302

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8115000
Outpatient Patient Service Revenue	\$36818000
Total Gross Patient Service Revenue	\$44933000

2. Deductions From Revenue

Contractual Allowance	\$24077000
Other Deductions	\$3898000
Total Deductions	\$27975000

3. Total Operating Revenue

Net Patient Service Revenue	\$16958000
Other Operating Revenue	\$867000
Total Operating Revenue	\$17825000

4. Operating Expenses

Salaries and Wages	\$7360000	Employee Benefits	\$1626000
Depreciation and Amortization	\$1197000	Interest Expense	\$36000
Bad Debt	\$1444000	Other Expenses	\$6358000
Total Operating Expenses	\$18021000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-196000	Total Assets	\$14972000
Net Non-operating Gains over Loss	\$-5000	Total Liabilities	\$4115000
Total Net Gains	\$-201000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21902000	\$12909000	\$8993000
Medicaid	\$5725000	\$5751000	\$-26000
Other Government	\$1285000	\$948000	\$337000
Other State	\$0	\$235000	\$-235000
Other Payers	\$16022000	\$8133000	\$7889000
Total	\$44934000	\$27976000	\$16958000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3000	\$-3000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$25000	\$-25000

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	41
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$3898000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1340000	
HCI Payments	\$0		
Subtotal	\$0	\$1340000	\$-1340000
Medicaid Shortfalls	\$2092000	\$3270000	
Subtotal	\$2092000	\$4610000	\$-2518000
DSH Payments	\$0		
Subtotal	\$2092000	\$4610000	\$-2518000
Medicare Shortfalls	\$8188000	\$7505000	
Other Government Programs	\$0	\$0	
Total	\$10280000	\$12115000	\$-1835000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3000	\$81000	\$-78000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

